



ENTRON SECURITY SERVICES

Daily Security Report

Client No. 2023		Client Name OH MATERIALS				Location 1004 OSWEGO ST. UTICA				Date 8/2/87	
Facility Equipment	Datex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other				
N/A	N/A	N/A	N/A	N/A	1	1	LOGBOOK, 2 GATE KEYS, RADIO				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name)		Officer—Swing Shift (Name)		Officer—Grave Shift (Name)	
						Kenneth Helix		PAT BLOMQUIST		GEORGE, JOHN D	
Shift						Shift		Shift		Shift	
Began 8:00 PM						Ended AM-PM		Began 4:00 AM		ended 12:00 PM	
Began 12:00 AM						Ended AM-PM		Began 12:00 AM		Ended AM-PM	
Observations or actions taken						Yes No		Explanation		Yes No	
Rounds or stations missed								✓			
Unlocked doors, gates or windows								✓			
Unlocked vaults or safes								✓			
Fire-smoke-or hazards								✓			
1. Extinguishers missing or defective								✓			
2. Sprinkler system defective								✓			
3. Fire doors or exits blocked								✓			
4. Rubbish accumulation								✓			
5. Motors running								✓			
6. Lights left burning						X		AS REQUIRED		✓ TURNED OFF NITE LITE 0630	
Injury hazards								✓			
Visitors								✓			
Trespassing								✓			
Violation of company rules								✓			
Remarks											
439237											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift	
Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Day Shift		1.		2.		3.		Swing Shift	
Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Day Shift		1.		2.		3.		Swing Shift	
Yes		No		Yes		No		Yes		No	
Signatures		1.		Kenneth Helix		1.		Pat Blomquist		1.	
Signatures		2.				2.				2.	
Signatures		3.				3.				3.	